STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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9/7/2017

Peter Evers, Executive Director
Riverbend Community Mental Health, Inc.
PO Box 2032
Concord, NH 03302

Dear Mr. Evers,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Riverbend CMH. This review took place from July 19th, 2017 through July 20th, 2017. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

Riverbend CMH is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention because your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on October 7th, 2017.

- Human Resources: Structure and Composition
  - H7: Psychiatrist on Team
  - H8: Nurse on Team
  - H9: Substance Abuse Specialist on Team
  - H10: Vocational Specialist on Team
- Organizational Boundaries
  - No items scored less than a 3 in this area
- Nature of Services
  - S4: Intensity of Services
  - S5: Frequency of Contact
  - S7: Individualized Substance Abuse Treatment
  - S8: Co-occurring Disorder Treatment Groups
  - S9: Co-occurring Disorders (Dual Disorders) Model
  - S10: Role of Peer Specialist on Team

Thank you to all of the Riverbend CMH staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,

Lauren Quann, MS

Lauren Quann, Administrator of Operations
Bureau of Behavioral Health
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures: Riverbend CMH ACT Initial Fidelity Review
CC: Karl Boisvert, Diana Lacey, Susan Drown

Assertive Community Treatment Fidelity Assessment

Riverbend Community Mental Health

On Site Review Dates: July 19 & 20, 2017
Final Report Date: August 1, 2017

David Lynde, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

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ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted an ACT Fidelity Review with Riverbend Community Mental Health on July 19 and 20, 2017. The Riverbend ACT team is based out of the Concord, NH office. Riverbend's ACT team started delivering services in February 2011. Riverbend's ACT team consists of 1 team leader, 1 clinician, 1 clinical case manager, 4 case managers, 1 peer specialist, 1 vocational specialist, 1 nurse, and 1 psychiatrist, and 3 medication supports. Riverbend seems to have a strongly connected ACT team that values their work with clients.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the Riverbend staff in developing and providing these activities as part of ACT fidelity review process.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Psychiatrist, ACT Nurse(s), ACT Peer Support Specialist, ACT Vocational Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Interview with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

KEY
☑ = In effect
☐ = Not in effect

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	5	The ACT team client to team member ratio is 8.9 to 1. Item formula: Number of clients presently served 93.0 Number of FTE staff 10.48 = 8.9	
H2	Team Approach	4	☑ The provider group functions as a team, and team members know and work with all clients 80% or more clients have face-to-face contact with at least 1 staff member in 2 weeks	The team should carefully monitor clients having contact with different members of the team. This may be due to the emphasis on individualized caseloads. It may be helpful to be more intentional about having the client see different types of providers on the team in the same 2 weeks.
H3	Program Meeting	4	The ACT team meets for at least 1 hour on Mondays, Wednesdays, and Fridays, 3 days / week. ☑ The ACT team reviews each client each time, even if only briefly, during each team meeting	The team might consider adding one additional team meeting per week to enhance communication and actively monitor team approach.
H4	Practicing ACT Leader	4	According to supervisor self-report, the ACT leader spends 11.5 hours per week providing direct client services; however, it appears the ACT supervisor also provides direct service to clients for the entire ACT team in ways such as hospital visits, locating, crisis intervention, CD revocations, and more.	The ACT team leader might consider tracking all of her direct service activities on a regular basis.

#	Item	Rating	Rating Rationale	Recommendations
H5	Continuity of Staffing	4	Over the past 2 years, there have been 7 staff that have left the ACT team (AP, CN, SS, JQ, KH, AW, & AT). Item formula: Number of staff to leave X 12 Total number of positions Number of months 7 X 12 10 24 = .35 (65% retention rate)	The agency might consider setting up a way to gather feedback from their current ACT staff to find out reasons they stay on the ACT team.
H6	Staff Capacity	4	The ACT team operated at 90.9% of full staffing in the past 12 months. No substance abuse specialist staff was on the team for the full 12 months. Item formula: 100 x (sum of # of vacancies each month) Total number of staff positions x 12 100 X 11 10 X 12 = 9.1 (90.9% full staffing capacity)	The team appears to have been functioning without the duties of the SAS for the full year. The person identified as the SAS prefers to be identified and appears to function as a therapist rather than an SAS. Please see H9 for more information and recommendations about the SAS role.
H7	Psychiatrist on Team	3	The ACT psychiatrist is assigned.48 FTE on the ACT team, serving 93 clients Item formula: FTE value x 100 .48 X 100 # of clients served 93 = .52 FTE psychiatrist per 100 clients	Given the size of the ACT team, the agency should explore ways to increase the psychiatry time to 1.0 FTE.

#	Item	Rating	Rating Rationale	Recommendations
H8	Nurse on Team	2	There is one ACT Nurse that is assigned .5 FTE on the ACT team, serving 93 clients. Item Formula: FTE value x 100 / # of clients served = .5 X 100 / 93 = .54 FTE nurses per 100 clients	Given the size of the ACT team, the agency should explore ways to increase the current nurse time to 2.0 FTEs.
H9	Substance Abuse Specialist on Team	2	The person identified as providing substance abuse services is titled a "therapist," though does seem to be providing substance abuse services about half of his allocated time. Item formula: FTE value x 100 / # of clients served = .5 X 100 / 93 = .54 FTE SAS per 100 clients	There was some variability about whether or not there is an identified substance abuse specialist. While there was a person identified in an SAS role, multiple team members and this person identified this staff as a "therapist." Multiple services from this person were provided to clients not identified as having a co-occurring disorder, while clients identified with co-occurring disorders were frequently not receiving specialized COD treatment. While this person has training in substance use disorders, it is not clear they fulfill all the functions as a substance abuse specialist on the ACT team. The team should make every effort to use limited substance abuse services exclusively for people with co-occurring disorders.
H10	Vocational Specialist on Team	2	The vocational specialist works .5 FTE with clients primarily on the ACT team, serving 93 clients. FTE value x 100 / # of clients served = . 5 X 100 / 93 = .54 FTE Voc Spec per 100 clients	Given the size of the ACT team, the agency should explore ways to increase the current vocational specialist time to 2.0 FTEs.

#	Item	Rating	Rating Rationale	Recommendations
H11	Program Size	5	There are currently 10.48 FTE staff assigned to the ACT team.	
O1	Explicit Admission Criteria	5	☑ The ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals ☑ The ACT team actively recruits a defined population and all cases comply with explicit admission criteria	
O2	Intake Rate	5	The highest monthly intake rate in the last 6 months for the ACT team is 4 clients per month.	
O3	Full Responsibility for Treatment Services	5	The ACT team provides the following services: ☑ Medication prescription, administration, monitoring, and documentation ☑ Counseling / individual supportive therapy ☑ Housing support ☑ Substance abuse treatment ☑ Employment or other rehabilitative counseling / support ☑ Psychiatric Services	
O4	Responsibility for Crisis Services	4	The ACT team provides direct crisis coverage Monday through Friday from 8am to 8pm, and on weekends from 9am to 3pm. The ACT team describes a positive working relationship with Emergency Services and the Mobile Crisis Unit. The ACT team provides readily accessible "alerts" for ES and the Mobile Crisis Unit for clients who are likely to need services after hours. The peer support	The agency should make every effort to assure that ACT staff is available 24/7 for direct coverage.

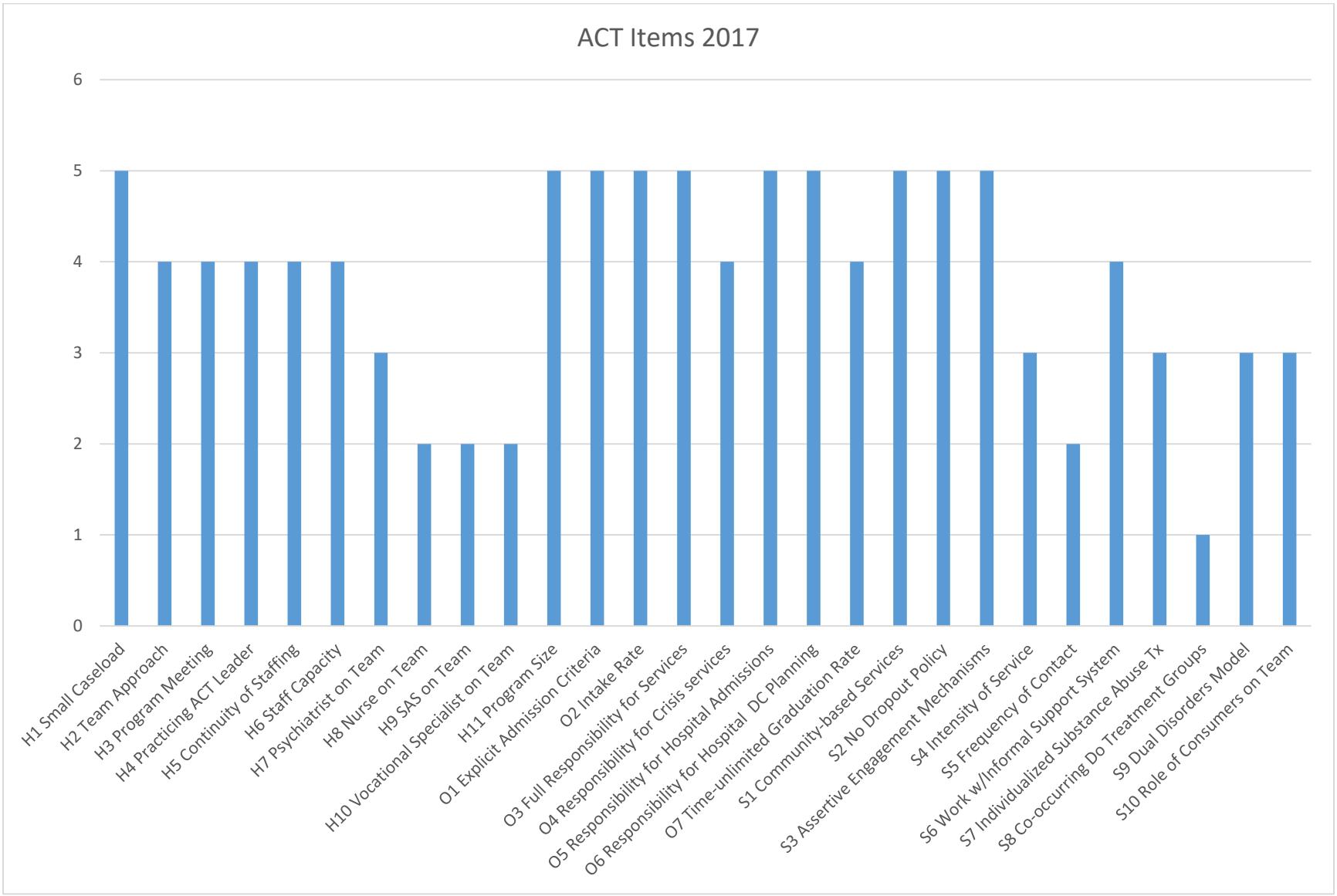
#	Item	Rating	Rating Rationale	Recommendations
			specialist has recently began working with clients to complete paper crisis plans, and she has been providing these to the Mobile Crisis Unit. In addition, the ACT team completes a crisis plan in the Electronic Health Record, which ES & the Mobile Crisis Unit have ready access to.	
O5	Responsibility for Hospital Admissions	5	☑ The ACT team is involved in 95% or more of hospital admissions that were reviewed	
O6	Responsibility for Hospital Discharge Planning	5	☑ The ACT team is involved in 95% or more of hospital discharges that were reviewed	
O7	Time-unlimited Services	4	The expected rate of graduation rate reported varies significantly, as some team members expect 1-2 clients per month to graduate, while others expect 1-2 clients per year to graduate.	The Riverbend ACT team should continue to thoughtfully step down clients to a lower level of care.
S1	Community-based Services	5	According to the data reviewed, the ACT team provided face-to-face community-based services 98% of the time.	
S2	No Drop-out Policy	5	96% of the ACT team caseload was retained over a 12-month period. Item formula: # of clients discharged, dropped, moved w/out referral Total number of clients 4.0 114 = .035 (3.5% drop out rate)	
S3	Assertive	5		

#	Item	Rating	Rating Rationale	Recommendations
	Engagement Mechanisms		☑ The ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement	
S4	Intensity of Services	3	According to the data reviewed, the ACT team averages 69 minutes of face-to-face contacts per week. Although some ACT clients reviewed received additional face-to-face contact minutes per week, these services were provided by non-ACT staff, such a partial hospitalization staff (RPH), crisis providers (ES / Mobile Crisis Unit), and residential providers (Fayette Street).	The team might consider expanding the nature of medication support visits to include a more comprehensive clinical contact. In addition, it may also be useful for the ACT team leader to provide specific feedback to ACT team members on the amount of service hours per week provided to individual ACT clients.
S5	Frequency of Contact	2	Over a month-long period reviewed, the ACT team averages 1.8 face-to-face contacts per week. Although some ACT clients reviewed received additional face-to-face contacts per week, these services were provided by non-ACT staff, such a partial hospitalization staff (RPH), crisis providers (ES / Mobile Crisis Unit), and residential providers (Fayette Street).	It might be worthwhile for the ACT team leader to review clients with a low frequency of contact to understand the role non-ACT services plays in lowering this frequency of contact. In addition, it may also be useful for the ACT team leader to provide specific feedback to ACT team members on the frequency of service contacts per week provided to individual ACT clients.
S6	Work with Support System	4	The ACT team averages 2.38 contacts per month with the clients' informal support systems in the community.	It might be useful to train ACT staff on multiple ways to ask about who is in a person's support system and to also train ACT staff to ask multiple times about contacting a person's support system across all services.

#	Item	Rating	Rating Rationale	Recommendations
S7	Individualized Substance Abuse Treatment	3	ACT clients with a co-occurring disorder average 6 minutes per week in formal substance abuse counseling sessions. Out of the 5 records of clients with co-occurring disorders reviewed, only one of those clients received direct specialized substance abuse treatment, and this was provided by a therapist.	The ACT team leader might want to provide clarity to the whole team about who is providing substance abuse services, as well as provide information about the scope and responsibility of that role. The designated SAS should be exclusively providing individual and group substance abuse services, as well as education and consultation to the team regarding the co-occurring treatment model.
S8	Co-occurring Disorder Treatment Groups	1	Of the charts reviewed, none of the ACT clients who have a co-occurring disorder attended a co-occurring disorder treatment group. According to reports, one client from the ACT team attends a co-occurring disorder treatment group.	The designated ACT SAS should provide co-occurring disorder stage-wise groups for ACT clients on a weekly basis. Research continues to demonstrate that structured co-occurring disorders groups are 1 of the most effective treatment strategies to reduce impairments and challenges related to substance use.
S9	Co-occurring Disorders (Dual Disorders) Model	3	The team appears to use a mixed and varying approach to working with clients who have a co-occurring disorder. Staff seemed to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions. There appeared to be no consistent strategies for working with clients with co-occurring disorders in different stages of change.	The SAS and team leader should take a leadership role in assuring the ACT team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches. This might include the use of offered BMHS trainings or agency-based trainings for all staff on the ACT team.
S10	Role of Peer Specialist on Team	3	☑ The ACT team has a consumer that has full professional status ☐ The consumer is employed full time on the ACT team	It is clear the team uses the role of the Peer Specialist in many creative and effective ways, which includes the development of a unique crisis flow chart, engaging challenging clients, and using multiple peer-based strategies. The peer specialist is seen as a professional on the ACT team with full responsibility and privileges. It would be useful for all clients on the ACT team to have access to the Peer Specialist by increasing the availability of Peer Specialist services to 1.0 FTE.

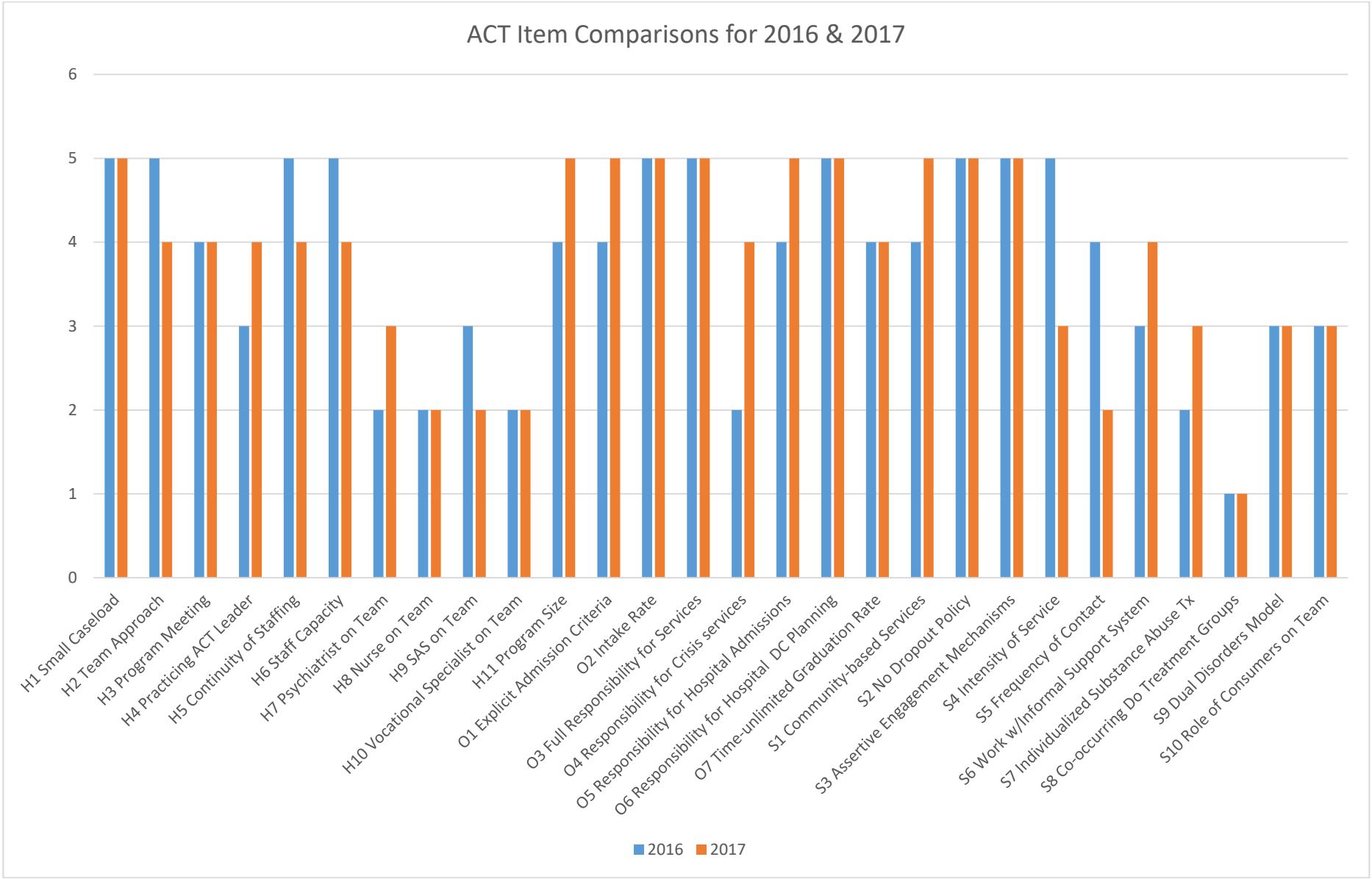
113 - 140 = Good Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT

ACT Score Sheet	
Items	**Rating**
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	4
H6 Staff Capacity	4
H7 Psychiatrist on Team	3
H8 Nurse on Team	2
H9 SAS on Team	2
H10 Vocational Specialist on Team	2
H11 Program Size	5
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	4
O5 Responsibility for Hospital Admissions	5
O6 Responsibility for Hospital DC Planning	5
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	3
S5 Frequency of Contact	2
S6 Work w/Informal Support System	4
S7 Individualized Substance Abuse Tx	3
S8 Co-occurring Do Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	3
Total	106



ACT Item Comparison for Years 206 & 2017

Items	2016	2017
H1 Small Caseload	5	5
H2 Team Approach	5	4
H3 Program Meeting	4	4
H4 Practicing ACT Leader	3	4
H5 Continuity of Staffing	5	4
H6 Staff Capacity	5	4
H7 Psychiatrist on Team	2	3
H8 Nurse on Team	2	2
H9 SAS on Team	3	2
H10 Vocational Specialist on Team	2	2
H11 Program Size	4	5
O1 Explicit Admission Criteria	4	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis services	2	4
O5 Responsibility for Hospital Admissions	4	5
O6 Responsibility for Hospital DC Planning	5	5
O7 Time-unlimited Graduation Rate	4	4
S1 Community-based Services	4	5
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	5	3
S5 Frequency of Contact	4	2
S6 Work w/Informal Support System	3	4
S7 Individualized Substance Abuse Tx	2	3
S8 Co-occurring Do Treatment Groups	1	1
S9 Dual Disorders Model	3	3
S10 Role of Consumers on Team	3	3
Total	104	106


ACT Item Comparisons for 2016 & 2017
6
5
4
3
2
1
0
H1 Small Caseload
H2 Team Approach
H3 Program Meeting
H4 Practicing ACT Leader
H5 Continuity of Staffing
H6 Staff Capacity
H7 Psychiatrist on Team
H8 Nurse on Team
H9 SAS on Team
H10 Vocational Specialist on Team
H11 Program Size
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S4 Intensity of Service
S5 Frequency of Contact
S6 Work w/Informal Support System
S7 Individualized Substance Abuse Tx
S8 Co-occurring Do Treatment Groups
S9 Dual Disorders Model
S10 Role of Consumers on Team
2016
2017

Assertive Community Treatment Quality Improvement Work Plan

Agency: Riverbend CMHC Date: 09/27/17 Team Leader: Sheila C. Mullen, LICSW

Fidelity Item	Agency Score	Agency Desired Score	Improvement Step *(List only one step in each row even if multiple steps apply to one fidelity item)*	Desired Improvement Outcome	Staff Responsible for Making Improvement	Key Staff Who Need to be Involved in Improvement	Target Date for Completing Improvement	Status or Date Improvement Completed
H9	2	4	This score indicates that the identified SAS is not functioning fully in his role due to other team obligations. The team will explore restructuring the role of SAS to at least .8 FTE in order to focus primarily on clients with co-occurring disorders via both individual and group modalities. A budget plan will be presented to the Board of Directors adding increased case management time in order to decrease non-SAS responsibilities and allow SAS to function fully in that role.	Engaging a greater number of ACT team clients in SUD services, while providing more focused and effective SUD services.	CSP Director, ACT Team Leader	CSP Director, ACT Team Leader, SAS	3/2018	
			SAS will attend all BMHS SUD Trainings, as well as other relevant trainings.	Ensuring ongoing skills enhancement, knowledge of best practices, and expertise in treating SUD.	CSP Director, ACT Team Leader	CSP Director, ACT Team Leader, SAS	10/2017-12/2017 for BMHS trainings, ongoing for other trainings	
			Meet with all ACT clients with SUD regardless of stage of change, at least quarterly	Engaging a greater number of ACT team clients in SUD services, while providing more focused and effective SUD services.	CSP Director, ACT Team Leader	CSP Director, ACT Team Leader, SAS	10/2018	

S8	1	3	The SAS will work to actively engage ACT clients with dual disorders in treatment groups whenever possible, by promoting Relapse Prevention Group both at the time of orientation and during ongoing meetings	Increased participation (20-34% of clients diagnosed with SUD attending one treatment group/month) in treatment groups by ACT clients	CSP Director, ACT Team Leader, SAS	CSP Director, ACT Team Leader, SAS	10/2017	
			Explore creation of additional Co-Occurring Group targeting different stage of change than other ACT/agency SUD groups.	Increased participation (20-34% of clients diagnosed with SUD attending one treatment group/month) in treatment groups by ACT clients	CSP Director, ACT Team Leader, SAS	CSP Director, ACT Team Leader, SAS	11/2017	
S9	3	4	All ACT Team Staff will attend IDDT Training.	All staff will have the necessary tools to effectively incorporate dual disorders treatment into their work with clients.	ACT Team Leader	ACT Team Leader, All ACT Staff	10/2018	

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Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

October 17th, 2017

Shelia Mullen, ACT Team Leader
Riverbend Community Mental Health Center
PO Box 2032
Concord, NH 03302

Dear Ms. Mullen,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on October 17th, 2017 that was in response to the ACT Fidelity Review conducted by the Dartmouth Hitchcock consultants on July 19th, 2017 through July 20th, 2017. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

Please contact Lauren Quann if you have any questions regarding this correspondence, process questions, or ongoing support needs at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

Julianne Carbin, Director
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603-271-8378

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Enclosures:
CC: Karl Boisvert, Diana Lacey